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Bib Data Sheet

CONFIRMATION NO. 2030

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|------------------------------------|---|---------------------|-------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/602,985 | <b>FILING OR 371(c)<br/>DATE</b><br>06/24/2003<br><b>RULE</b> | <b>CLASS</b><br>210 | <b>GROUP ART UNIT</b><br>1724 | <b>ATTORNEY<br/>DOCKET NO.</b> |
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/094,033 03/07/2002 ABN  
 which is a CON of 09/943,638 08/29/2001 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 09/09/2003**

|   |                                   |                                |                               |                                    |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no  | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>8 | <b>TOTAL<br/>CLAIMS</b><br>17 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged  | Examiner's Signature              | Initials                       |                               |                                    |

**ADDRESS**

42794

**TITLE**

METHOD AND SYSTEM FOR TREATING WASTEWATER

|  |   |  |
|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1050 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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